

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO
70/750,049

FILED DATE

3-10-04 6-7-04

CLAIMS

NUMBER	EXTRA FEE AMOUNT		ADDITIONAL AMOUNT		IND	DEP
	IND	DEP	IND	DEP		
1						
2						
3						
4						
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32	/		/			
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39			/			
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41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			

TOTAL IND.

1

3

12

18

21

13

21

21

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
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97					
98					
99					
100					

TOTAL IND.

1

1

1

TOTAL

1

1

1

DEP.

1

1

1